

CHILD PLACEMENT AGENCY REPORT

**Provider Organization:** Board of Child Care of the United Methodist Church, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS, DJS

**Name of Chief Administrator:** Bardett Nicholson-Premick

**Email:** [bnicholson@boardofchildcare.org](mailto:bnicholson@boardofchildcare.org)

**License Type:** Treatment Foster Care

**Type of Inspection:** Quarterly

| Name and Address of CPA Office  | License Capacity | DHS Contract Limit | Census by Placing Agency | License#/ Exp. date  | Date of site Inspection |
|---|------------------|--------------------|--------------------------|----------------------|-------------------------|
| Board of Child Care TFC<br>3300 Gaither Road<br>Baltimore, MD 21244                 | Unlimited        | 36                 | DHS 1<br>DJS 1           | # 00199 /<br>2/15/21 | 5/13/19                 |
| Board of Child Care/AYF TFC<br>30049 Business Center Dr<br>Charlotte Hall, MD 20622 | Unlimited        | 36                 | DHS 3<br>DJS 1           | # 00217 /<br>2/15/21 | 5/9/19                  |
| Board of Child Care TFC<br>27993 Substation Road<br>Denton, MD 21629                | Unlimited        | 36                 | DJS 0<br>DJS 0           | \$00461/<br>2/15/21  | 5/13/19                 |

**Inspection Summary**

**Number of Records Reviewed:** Youth 1 Staff 6 Foster Parent 1 Adoptive Parent N/A

**Number of Interviews:** Youth 0 Staff 4 Foster Parent 0

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** N/A

**Number of Foster Homes Inspected:** 0

**COMAR Violation:** Yes X No     

**If Yes, list Cited Violation(s) below:**

| Violation(s)      | Findings  |
|-------------------|---|
| 07.05.01.13 C(1)  | 1/6 staff record didn't document current physical exam  |
| 07.05.01.13 C(2)  | 1/6 staff record did not document TB test prior to hire date  |
| 07.02.21.10 D (3) | 1/1 client record didn't document foster parent progress notes  |
| 07.05.01.13 A (1) | 1/6 staff record didn't document accurate job description/duties for additional 'acting'/interim responsibilities |

**Corrective Action Plan:** Yes X No     

**If yes, date of CAP:** 5/13/19

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Lisa Beeman      **Date:** 5/20/19      **Email:** [lisa.beeman@maryland.gov](mailto:lisa.beeman@maryland.gov)

**Program Manager:** Richard Berger      **Date:** 5/20/19      **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)